

**UNITED STATES DISTRICT COURT**  
**EASTERN DISTRICT OF VIRGINIA**  
**SEALED**

**UNITED STATES OF AMERICA**

v.

**SENTENCING MINUTES**

**ANTONIO ALDEMAR AVILA-ACEVEDO**

Case No. 1:18CR74-001

HONORABLE LIAM O'GRADY presiding  
Proceeding Held: July 24, 2019  
Deputy Clerk: Amanda

Time Called: 1:05 p.m.  
Time Concluded: 1:58 p.m.  
Court Reporter: N. Linnell

**Appearances:**

UNITED STATES OF AMERICA by: Katherine Rumbaugh  
ANTONIO AVILA-ACEVEDO in person and by: David Zapp  
INTERPRETER: Maria Horvath ☐ Interpreter Sworn

- 
- |   |   |
|---|---|
| <input type="checkbox"/> The parties have no objections to the factual statements in the PSR  | <input checked="" type="checkbox"/> The parties have no objections to the application of the guidelines in the PSR                                    |
| <input checked="" type="checkbox"/> Objections/corrections to factual statements in PSR by <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant | <input type="checkbox"/> Objections/corrections to application of guidelines by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
- 

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> The government presents sentencing argument: Recommends the low end of the guidelines. | <input checked="" type="checkbox"/> The defendant presents sentencing argument: Request the mandatory minimum sentence. |
| <input checked="" type="checkbox"/> Defendant exercises right of allocution.   | <input checked="" type="checkbox"/> The court imposes sentence.   |
| <input type="checkbox"/> The government dismisses count(s) _____.  | <input type="checkbox"/> Defendant advised of appeal rights.  |
- 

**SENTENCING GUIDELINES:**

Offense Level: 39  
Criminal History: I  
Imprisonment Range: 262 – 327 months (10-year mandatory minimum)  
Supervised Release Range: 5 years - Life  
Fine Range: \$50,000.00 - \$10,000,000.00  
Restitution: NA  
SA: \$100.00

- Wording in paragraph 40 of the PSR changed per request from Mr. Zapp.

**SENTENCE IMPOSED:**

**Imprisonment:**        144 Months as to Count(s)        One of the Indictment.  
                         Months as to Count(s)                             of the                     .

TOTAL TERM OF IMPRISONMENT IMPOSED: 144 months with credit for time served since arrest in Colombia on April 26, 2018.

**Probation:**                             Years as to Count(s)                             of the                     .

**Supervised Release:**        Five Years as to Count(s)        One of the Indictment.  
                         Years as to Count(s)                             of the                     .

**MONETARY PENALTIES**

**Special Assessment:**    \$ 100.00 due immediately

**Fine:**        \$                             ☒ fine waived

**Restitution:**        \$ NA        ☐ determination deferred

**JOINT AND SEVERAL PAYMENTS**

- ☐ Fine and/or ☐ Restitution is **joint and several** with                     .  
☐ Repayment of Buy Money is **joint and several** with                     .

**FORFEITURE**

- ☒ All property forfeited upon conviction or by order of the court shall be included in the criminal judgment.

**RECOMMENDATIONS**

- ☒ The court recommends the defendant's placement at FCI Coleman  
☐ The court recommends the defendant's participation in the Bureau of Prisons' 500-hour drug treatment program.  
☐ Other:                     .

**CUSTODY**

- ☒ The defendant is remanded to the custody of the U.S. Marshal Service.  
☐ The defendant is to voluntarily surrender at the institution designated by the Bureau of Prisons as notified by the U.S. Probation Office; ☐ on or after                     .

## CONDITIONS OF SUPERVISED RELEASE/PROBATION

### Special Conditions

- |   |  |
|---|--|
| <input type="checkbox"/> Drug Testing – Special Condition               | <input type="checkbox"/> Home Confinement for _____ days                         |
| <input type="checkbox"/> Drug Testing – Standard Condition              | <input type="checkbox"/> Home Confinement with Alcohol Testing for _____ days    |
| <input type="checkbox"/> Drug Testing – Waived                          | <input type="checkbox"/> Community Correctional Center: _____ days               |
| <input type="checkbox"/> Monthly Restitution Payment: \$ _____          | <input type="checkbox"/> Residential Re-Entry Center: _____ days                 |
| <input type="checkbox"/> Monthly Fine Payment: \$ _____                 | <input checked="" type="checkbox"/> Cooperate with Bureau of Immigration/Customs |
| <input type="checkbox"/> Repay Buy Money – Total: \$ _____.             | <input type="checkbox"/> Cooperate with IRS                                      |
| <input type="checkbox"/> Repay Buy Money: \$ _____/month                | <input type="checkbox"/> Cooperate with Child Support                            |
| <input type="checkbox"/> No New Lines of Credit                         | <input type="checkbox"/> Participate in mental health treatment program          |
| <input type="checkbox"/> Financial Disclosure                           | <input type="checkbox"/> Participate in sex offender assessment/treatment        |
| <input type="checkbox"/> Submit to search by USPO                       | <input type="checkbox"/> Waive confidentiality – sex offender treatment          |
| <input type="checkbox"/> No tavern employment or patronization          | <input type="checkbox"/> No sexually-explicit materials w/minors                 |
| <input type="checkbox"/> No employment with fiduciary responsibilities  | <input type="checkbox"/> No possession/viewing of pornography or erotica         |
| <input type="checkbox"/> No gambling                                    | <input type="checkbox"/> Obtain GED or HSED                                      |
| <input type="checkbox"/> No transfer of assets in excess of \$500.00    | <input type="checkbox"/> No contact – unrelated children under 18                |
| <input type="checkbox"/> No possession/use of computer – on-line access | <input type="checkbox"/> No contact with victim(s)                               |
| <input type="checkbox"/> No possession/use of data encryption/erasure   | <input type="checkbox"/> No contact with gang members                            |
| <input type="checkbox"/> Provide computer passwords and logons          | <input type="checkbox"/> Perform community service: _____ hours                  |
| <input type="checkbox"/> Consent to computer searches                   | <input type="checkbox"/>   |
| <input type="checkbox"/>  |  |